



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYY)	2016	2 For the Period From (MM/DD)	01/01/16	To (MM/DD)	05/13/16
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Part I Employee Information

3 Taxpayer Identification No. 226-610-469 0000

4 Employee's Name (Last Name, First Name, Middle Name) OBIEN, CHARITO

5 RDO Code

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Exemption Status Single Married

9A Is the wife claiming the additional exemption for qualified dependent children Yes No

10 Name of Qualified Dependent Child 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12

13 Statutory Minimum Wage rate per month 13

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	6,194.52
38 De Minimis Benefits	38	10,087.30
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	3,151.19
40 Salaries & Other Forms of Compensation	40	
41 Total Non-Taxable/Exempt Compensation Income	41	19,433.01

Part II Employer Information (Present)

15 Taxpayer Identification No. 007 291 508 0000

16 Employer's Name RESULTS MANILA, INC.

17 Registered Address 17A Zip Code
2/F SILVERCITY, FRONTERA VERDE, JULIA VARGAS AVE, PASIG CITY 1600

18 Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	61,754.60
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47A	
	47B	

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

SUPPLEMENTARY

48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)	54A	
	54B	

Part IV-A Summary

21 Gross Compensation Income from Present Employer from (1) Less Item 30	21	81,187.61
22 Less: Total Non-Taxable Compensation Income from (2) Less Item 41	22	19,433.01
23 Taxable Compensation Income from Present Employer from (3) Less Item 41	23	61,754.60
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	61,754.60
26 Less: Total Exemptions	26	50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	11,754.60
29 Tax Due	29	675.46
30 Amount of Taxes Withheld	30A	675.46
30A Present Employer	30B	
30B Previous Employer	30C	
31 Total Amount of Taxes	31	675.46

55 Total Taxable Compensation	55	61,754.60
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We declare, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 Present Employer/ Authorized Agent Signature Over Printed Name
CONFORM **OBIEN, CHARITO**

57 CTC No. **001 019 16 04093** Employee Signature Over Printed Name **WINDAW** Place of Issue **WINDAW**

Date Signed _____

Date Signed _____

Date of Issue _____

Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income